

Alabama Department of Agriculture and Industries
APPLICATION FOR PROFESSIONAL SERVICES PERMIT
STRUCTURAL PEST CONTROL
MAIN OFFICE

Return to:

DEPARTMENT OF AGRICULTURE & INDUSTRIES
FOOD SAFETY & CONSUMER DIVISION
PESTICIDE MANAGEMENT - PROFESSIONAL SERVICES
PO BOX 3336
MONTGOMERY AL 36109-0336
PHONE: 334-240-7241 FAX: 334-240-7168

Date: _____

County: _____

Application for Professional Services Permit as required under provisions of Chapter 28, Title 2, Code of Alabama (1975) as amended.

PERMIT FEE: \$175.00 PLUS \$100.00 FOR EACH CATEGORY OF WORK CERTIFIED TO PERFORM. A \$50.00 DELINQUENT PENALTY IS REQUIRED IF APPLICATION IS NOT POSTMARKED BEFORE NOVEMBER 1. (PENALTY does not apply to NEW BUSINESS.) IF APPLICATION IS SUBMITTED WITH OTHER LICENSE/PERMIT FEES, PLEASE SUBMIT SEPARATE CHECKS.

CHECK CERTIFIED CATEGORY(IES) BELOW:

- ☐ Household, institutional & industrial Pest Control (HPC) ☐ Fumigation Pest Control (FC)
☐ Control and/or Eradication of Wood Destroying organisms (WDO)

NAME OF BUSINESS: _____ **!!CALL TO VERIFY NAME IS AVAILABLE!!**

LOCATION: _____ PHONE: () _____

ZIP CODE: _____

MAILING ADDRESS: _____ PHONE: () _____

ZIP CODE: _____

E-MAIL ADDRESS: _____

☐ NEW BUSINESS ☐ ADD-ON CATEGORY to Permit #PS-M-_____ ☐ RENEWAL ☐ OUT OF BUSINESS ☐ BUY OUT

☐ NAME CHANGE - OLD BUSINESS NAME: _____

LIST CERTIFIED SUPERVISOR(S) Additional names can be attached for those that passed exams and are certified. No additional fees are required.

LEGAL NAME	SS NUMBER	COMMERCIAL CERTIFICATION #	CERTIFICATION CATEGORY	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INSURANCE (HPC/WDC/FC) BOND FOR WDC ONLY!

INSURANCE EXPIRATION DATE: _____

SURETY BOND EXPIRATION DATE: _____

!!!!!! THIS INFORMATION APPLIES TO NEW BUSINESSES ONLY!!!!
(IF WDC, attach copy of CERTIFICATE OF LIABILITY INSURANCE, ORIGINAL SURETY BOND and copy of CONTRACT. If HPC/FC, attach Certification of Insurance form)

APPLICANT WILL ENGAGE IN BUSINESS AS: ☐ Sole Owner ☐ Partnership ☐ Corporation* *

**** Corporation must be filed w/ the Secretary of State. -- must verify company name w/Dept. of Agriculture first!!**

SIGNATURE: _____ TITLE: _____

APPLICATION MUST BE SIGNED. PLEASE MAKE CHECK PAYABLE TO THE ALABAMA DEPT OF AGRICULTURE

*******FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*******

PERMIT NUMBER: PS-M-_____

AGRICULTURE OFFICE STAFF USE:

Contract(s) Approved: Yes ☐ No ☐

Insurance Up-to-date: Yes ☐ No ☐

Bond Received: Yes ☐ No ☐

Permit Fee: _____

Category Fee(s): _____

Penalty: _____

Total: _____

Date Processed: _____

Cash ☐ Check ☐ # _____